RENAL EPITHELIAL NEOPLASIA ASSOCIATED WITH KIMURA DISEASE


Methods: We present the case of a young female patient who showed intra and retroperitoneal nodulations, including one in the lower pole of left kidney. After the period of treatment with corticoids, computed tomography of abdomen confirmed the permanence of the lesion with features of malignancy. A partial left nephrectomy was performed, and postoperative evolution was favorable.

Result: The patient is without signs of Kimura Disease and no signs of recurrence of the tumor after a period of 18 months from surgery.

Conclusion: Kimura disease is associated with some neoplasias that should be investigated by the medical team. Partial nephrectomy seems a good therapeutic option for well-defined neoplastic nodules located on renal poles.


Summary.- OBJECTIVE: To present a case of Kimura disease associated with kidney epithelial neoplasia.

Kimura disease is a rare inflammatory disease, which usually presents with enlarged lymph nodes and masses in the head and neck regions. The differential diagnosis should include lymphomas, reaction lymphadenopathy to drugs or parasites. Amid the masses and enlarged lymph nodes a nodule suggestive of neoplasm can be found. There is a case, in the literature that describes Kimura Disease associated with kidney neoplasm.

Resumen.- OBJETIVO: Presentar un caso de enfermedad de Kimura asociada a la neoplasia de riñón.

La Enfermedad de Kimura se trata de una enfermedad inflamatoria rara, que se presenta comúnmente con linfonodos aumentados y masas en regiones de la cabeza y del cuello. El diagnóstico diferencial debe incluir linfomas, linfadenopatía reaccional a medicinas o parásitos. En medio a las masas y linfonodos aumentados se puede encontrar algún nódulo sugerente de neoplasia. Existe un caso en la literatura que describe a la Enfermedad de Kimura asociada a la neoplasia de riñón.

MÉTODO: Se presenta el caso de una paciente joven, que presentó nodulaciones intra y retroperitoneales, incluyendo una de ellas en el polo inferior del riñón izquierdo. Tras el período de tratamiento con corticoides, la tomografía computadorizada del abdomen confirmó la presencia de la lesión, con características de malignidad. Se realizó la nefrectomía parcial izquierda y la evolución postoperatoria ha sido favorable.

RESULTADO: La paciente se encuentra sin manifestaciones de la Enfermedad de Kimura y sin signos de recidiva de la neoplasia hasta el período de 18 meses después de la operación.

CONCLUSIÓN: La enfermedad de Kimura está asociada a algunas neoplasias que deben ser investigadas por el cuerpo médico. La nefrectomía parcial parece ser una buena opción terapéutica para nódulos neoplásicos bien definidos y ubicados en polos renales.

INTRODUCTION

Kimura Disease is a rare inflammatory condition that progresses with subcutaneous nodular lesions and head and neck predominant lymphadenomegaly, and increased salivary glands as well (1). It predominates in male patients and Asians, in the second and third decades of life. The disease is histologically characterized by vascular and inflammatory fibrocollagen proliferation, with abundant eosinophilic infiltrate (2). The disease treatment is mainly with the use of corticoids. Kimura Disease associated with renal neoplasia is an unusual fact (3). This article reports the case of a young female patient who showed a persistent renal node on the imaging examinations after 3 months of corticotherapy treatment for Kimura Disease and was conducted to a surgical treatment of the kidney node.

CASE REPORT

It is a female patient, 23 years of age, who presented a sudden picture of cervical and submandibular lymphadenomegaly, associated with fever and abdominal pain. A biopsy of lymph nodes revealed suppurrative granulomatous lymphadenitis with intense eosinophilia (Figure 1). The immuno-histochemistry evaluation showed positive for Reed-Sternberg cells. Computed tomography of the abdomen and chest showed lymph nodes increased in size and mass in the mediastinum, perisplenic and perirenal bilaterals. There was a more evident nodule with about 35 mm in the lower pole of left kidney (Figure 2). Renal function was preserved. Laboratory tests showed eosinophilia and an increase of immunoglobulin E.

Treatment with corticoids, 20 mg prednisone, for 10 weeks relieved the picture of nodulations, lymphadenomegaly, abdominal pain and fever. The levels of immunoglobulin E and eosinophilia, returned to baseline. After three months of corticoid treatment an abdominal computed tomography showed persistence of renal nodule on the left. The patient underwent a left partial nephrectomy. Histological examination revealed clear cells renal carcinoma. After eighteen months, the patient is without signs or symptoms of Kimura Disease or recurrence of renal neoplastic disease.

PATIENT AND METHODS

We present the case report of a female patient with Kimura disease and renal epithelial neoplasm and a review of the medical literature in medline and bireme databases.

DISCUSSION

Kimura disease (Kimura syndrome or eosinophilic lymphogranuloma) is a clinical condition diagnosed most often in a propaedeutic diagnosis for increased cervical lymph nodes (3). The disease cause still seems unknown (2-4). Histologically, the lesion is characterized by lymphoid hyperplasia with marked presence of large numbers of eosinophils (5) and proliferation of capillaries. This disease can mimic a neoplastic process (2) and must have, as a differential diagnosis, lymphomas, malignant fibrous histiocytoma, benign lymphoepitelioma5, parotid gland neoplasia (2) and others. The main differential diagnosis of Kimura Disease, however is angiolymphoid hyperplasia with eosinophilia (5). In the present case, a biopsy of submandibular cervical lymph nodes showed, initially, nonspecific reaction lymphadenitis with a predominance of eosinophils. Immunohistochemistry contributed to the definitive diagnosis because the test
was positive for Reed-Sternberg cells, which is highly suggestive of Kimura Disease (1).

Kimura disease treatment should be made with corticoids such as Prednisone. It is recommended to wait around six weeks after the start of corticotherapy to surgically approach the masses or residual nodules (2). In the case of left kidney nodule surgical procedure, for the case in question, we waited about 08 weeks to carry out further imaging examinations and then it was proposed a left partial nephrectomy. Although newer studies show the diagnostic accuracy of percutaneous renal biopsy over 90% (6,7), the same has not been routinely performed, mainly due to discussions related to the material sampling, high rate of false negatives and neoplastic implantation in the access site (8). In the only literature article that cites a case of kidney neoplasia associated with Kimura disease the kidney biopsy was inconclusive (3).

The indication for nephrectomy was chiefly based on the lesion tomographic features, which suggested malignant origin neoplasia. The choice for nephrons sparing surgery, partial nephrectomy, based on the nodule size and peripheral location, which is in agreement with the literature (9).

There is an association of Kimura Disease and nefrotic syndrome (5), although in this case renal function was normal.

Radiotherapy can be recommended for subcutaneous nodular lesions or masses refractory to corticotherapy (4). The prognosis of Kimura disease is usually good, with few relapses.

This is the second case in the medical literature describing the association of Kimura Disease with renal neoplasia. This case may strengthen the possible association of Kimura Disease with other pathologies, not yet well known. It is possible that the renal nodule that persisted after the corticotherapy is a degeneration of a Kimura Syndrome inflammatory nodule. Similarly, Kimura Syndrome may be a paraneoplastic manifestation of a primary neoplasia initially unidentified. We can also infer that Kimura Syndrome may be only a period of relative immunosuppression, where there is a super production of immunoglobulin E and eosinophils, in a systemic inflammatory process. In this case, the patient progressed well with no signs of subcutaneous, residual mediastinal or abdominal masses or nodules. The values of immunoglobulin E and eosinophils returned to normal. There were no signs of recurrence of renal neoplastic disease after 18 months of follow up.

CONCLUSION

Kimura disease is a disease that has as one of the initial manifestations the increase of cervical lymph nodes volume. The disease is associated to some neoplasias including kidney. Partial nephrectomy is a good option for the nodule treatment in the kidney lower pole.

REFERENCES AND RECOMMENDED READINGS

(*of special interest, **of outstanding interest)